PART B - FEE(S) TRANSMITTAL tagether with applicable fee(s), to: Mail Mail Stop ISSUE FEE Complete and send this form, Commissioner for Patents NOV 1 5 2005 P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax 571.273.2885 INSTRUCTIONS: The correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications. Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for any change of address) 37509 7590 09/15/2005 Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for Express mail in an envelope addressed to the Mail Stop ISSUE FEE address above. Express Mail Label EL 989 616 645 US DECHERT LLP P.O. BOX 10004 PALO ALTO, CA 94303 te/Ytu/ralde-Øwen (Depositor's name (Signature (Date November 15, 2005 APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 04/16/1999 Warren S. WILCOX 354533-201 (346327) 09/292,887 4136 TITLE OF INVENTION: SYSTEM AND METHOD FOR ADMINISTRATION OF CREDIT CARD INCENTIVE PROGRAM WHEREIN CREDIT CARD HOLDER EARLNS REBATE IN FORM OF INSTALLMENT LOAN ADVANCE PAYMENT THROUGH USE OF CREDIT CARD SMALL ENTITY ISSUE FEE **PUBLICATION FEE** TOTAL FEE(S) DUE DATE DUE APPLN. TYPE \$1400 12/15/2005 \$1400 \$0 nonprovisional No CLASS-SUBCLASS **EXAMINER** ART UNIT 3622 705-014000 Champagne, Donald Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, 1 Leah Sherry Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. 2_Michael A_Springs_ (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE

01 FC:1501 1400.00 DA Charlotte, North Carolina Bank of America Corporation 02 FC:8001 30.00 DA

Individual Corporation or other private group entity Government Please check the appropriate assignce category or categories (will not be printed on the patent): 4b. Payment of Fee(s): 4a. The following fee(s) are enclosed: Issue Fee A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. Publication Fee (No small entity discount permitted) Advance Order - # of Copies Ten (10)

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27

□ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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